

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

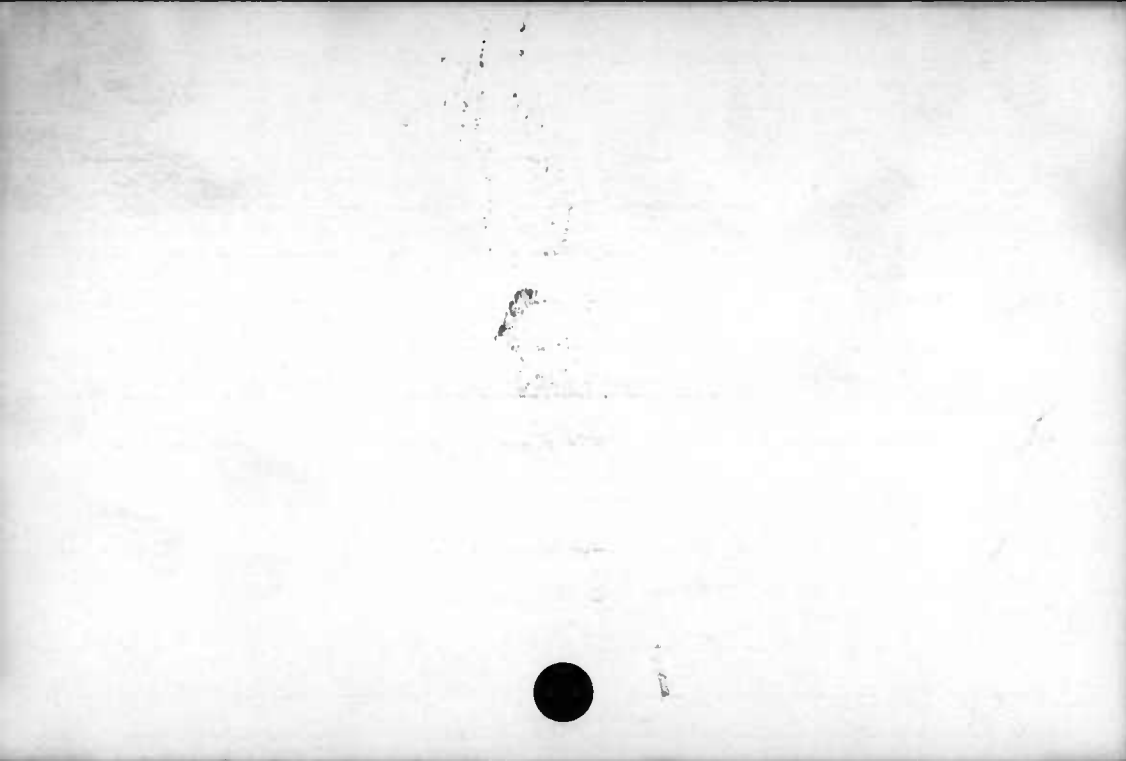
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Linchester</i> <small>Town</small>		<i>Caroline</i> <small>County</small>			
Date of death 190 <i>2</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>31</i> <small>Years</small>	Age <i>1</i>	Months <i>10</i>	Days <i>17</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
Name of Wife or Husband					
Father's Name <i>John H Beauchamp</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Maggie M Houston</i>		Mother's Birthplace <i>Washington Dc</i>			
Name of person giving information <i>Jna H Beauchamp</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery 14</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J L Noble</i>
	Address <i>Preston Md.</i>
Accident or Suicide?	



Adelaine Boston

Town

County

Died at

Dunbar

Accompany

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

7

25

Age

41

Perma

Normal wife

MaleWhiteMarriedWidowDivorced

Female

Colored

SingleWidower

Number of children living

1

Husband

of

Wife

Herbert Boston

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

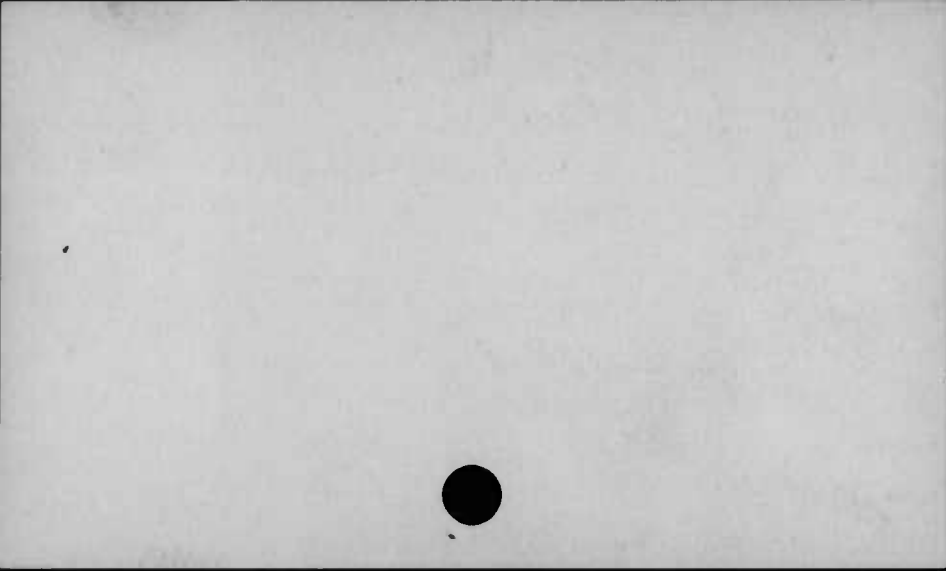
Reported by

Dr. McArthur

Address

Dunbar Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mugine Brown

Died at

Ridgely <sup>Town</sup> Caroline <sup>County</sup>

MARYLAND

Date 1902

Month Day

July 10

Age

Y.

M.

D.

1 20

Native of

Md

Occupation

Male

~~White~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband on

Wife

Father's Name

Antonia Brown

Mother's

Maiden Name

Jordina Gordon

Cause of

Primary

Cholera Infantum

How long sick

1 week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. P. Madara

Address

Ridgely

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Hillsboro  
July 12

Name  
in  
Full

## CERTIFICATE OF DEATH

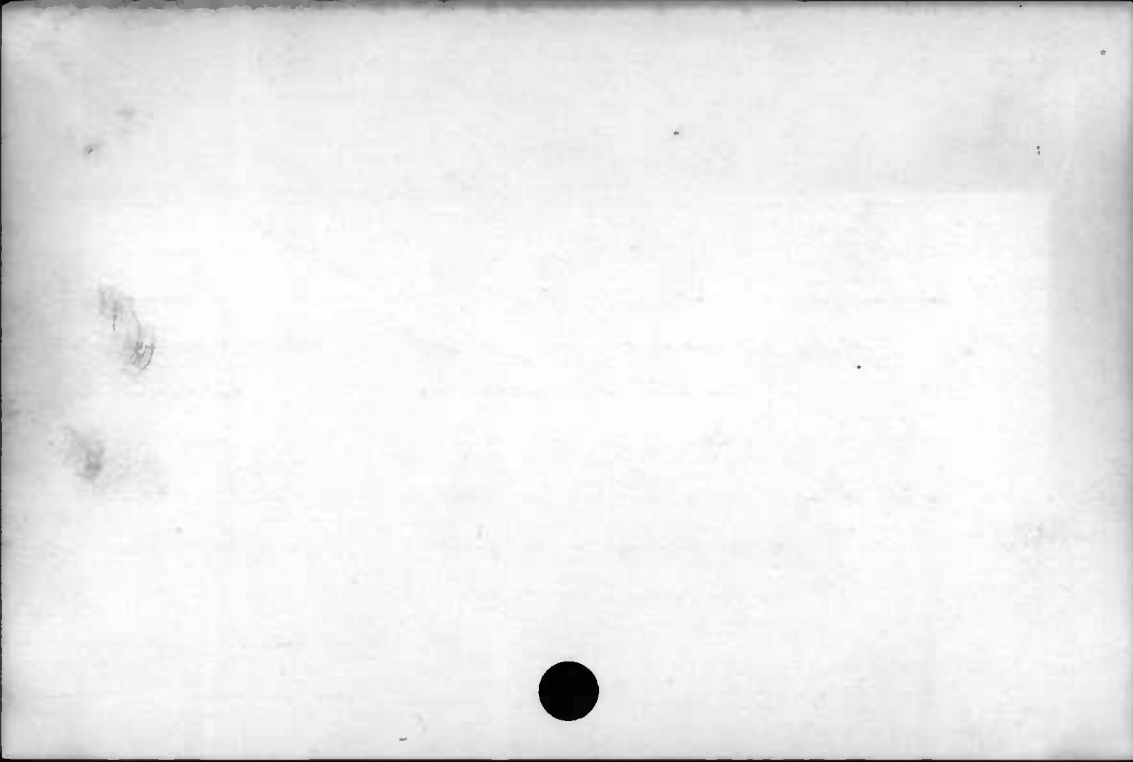
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single, or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	





Name *Wilmina Flamer*  
 Died at *Ridgely* Town *Caroline* County  
 Date 19*02* Month *July* Day *8* Y. *61* M. *1* D. *1* Native of *MD* Occupation *Housework*  
~~Male~~ *Female* ~~White~~ *Colored* ~~Married~~ *Widow* ~~Divorced~~  
 Number of children living *6*

Husband of *Charles Flamer*  
 Wife  
 Father's Name *Wm Brown* Mother's Maiden Name *Martha Cove*

Cause of Death { Primary *Dysentery* How long sick *2 weeks*  
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *J.C. Madara M.D.*  
 Address *Ridgely Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Buried at  
Hillsborough

Name In Full

Certificate of Death

*Meyflin* *Guth*  
 Town County  
 Died at *Maydel* *Cumline* MARYLAND  
 Month Day Y. M. D. Native of Occupation

Date 1902 *7* *2* Age  
 Male White Married Widow Divorced  
~~Female~~ Colored Single Widower Number of children living

Husband of  
 Wife

Father's Name *William Guth* Mother's Maiden Name *Elizabeth Guth*

Cause of Death { Primary *Smoking Tobacco.* How long sick  
 Immediate Accident, Suicide, Homicide

Reported by *J E Gray M.D.*  
 Address *Maydel M.D.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78808



Thomas Hackett, M.D.

Died at <sup>Town</sup> Hillsboro <sup>County</sup> Coraline

MARYLAND

Date 1962 <sup>Month</sup> 7 <sup>Day</sup> 7 <sup>Y.</sup> 76 <sup>M.</sup> 3 <sup>D.</sup> 11 <sup>Native of</sup> Ind. <sup>Occupation</sup> Physician  
 Male <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>  
 Female <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> Number of children living 5

Husband of Mr. B. Hackett 179  
 Wife  
 Father's Name Wm. Hackett Mother's Name Mary Hardcastle  
 Maiden Name

Cause of Death { Primary Overexertion in forenoon How long sick 50 minutes  
 Immediate Syncope Accident, Suicide, Homicide

Reported by Robley Hackett, M.D.  
 Address Queen Anne Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Netty Elizabeth Hamilton

Town

County

MARYLAND

Died at

Ridgely

Caroline

Date

1902

Month

Day

July

1

Age

Y.

M.

D.

- 11 - 6 -

Native of

Md.

Occupation

~~189~~~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~

Father's

Name

Adam Hamilton

Mother's

Name

Netty Hamilton

Cause of

Primary

Cholera Infantum

How long sick

1 week

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. C. Macdara

Address

Ridgely

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Buried at  
Mission



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Newton</i>		County <i>Caroline</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>10</i>	Age <i>77</i>	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, <i>Single</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Catharine</i>					
Father's Name			Father's Birthplace <i>12<sup>3</sup></i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Jacob Reese</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cystitis</i>	How long <i>2 Years</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Hobbs</i>
	Address <i>Pretton Md</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

Agatha Hoffman

Died at *Denton* Town*Caroline* County

MARYLAND

Date

of death 1902

Month

*July*

Day

*1*

Years

Age *66*

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Germany*Married, Single  
or Widowed*Widowed*

Occupation

*Housewife*Name of Wife or  
Husband*Henry Hoffman*Father's  
Name*Carl Krueger*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Carl Krueger*Mother's  
Birthplace*Germany*Name of person giving  
information*Edward Hoffman*How related  
to deceased*Son*

## CAUSES OF DEATH

*40*

Primary

*Cancer of stomach*

How long

*—*

Immediate

*Same*

How long

*Several years*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*P. R. Fisher**Denton Md.*

Accident or Suicide?

*—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Died at

Date 1902

Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Grace Jones

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Wm H. Hollis Undertaker

Preston Md



Name In Full

Certificate of Death

Mary Gochermeu

Died at Clinton Town Cecil County

MARYLAND

Date 19 0 July 21 Month Day

Age 1 2 Y. M. D.

Native of Maryland Occupation —

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name Cora Gochermeu

Cause of Death { Primary Immediate Colleg infection 105

How long sick 2 Weeks

Accident, Suicide, Homicide

Reported by

Cora GochermeuAddress 9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79848





Name in Full		Meredith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Beltsboro</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>2</u> <small>Month</small> <u>July</u> <small>Day</small> <u>36</u>		Age <u>      </u> <small>Years</small>		<u>      </u> <small>Months</small>		<u>3</u> <small>Days</small>
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Beltsboro</u>		
	Married, Single or Widowed <u>      </u>		Occupation <u>      </u>				
	Name of Wife or Husband <u>      </u>		<u>151</u>				
	Father's Name <u>Chas Meredith</u>				Father's Birthplace <u>I.A. Co.</u>		
	Mother's Maiden Name <u>Rosa Black</u>				Mother's Birthplace <u>Caroline Co</u>		
Name of person giving information <u>Chas Meredith</u>				How related to deceased <u>Father</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Purpura</u>				How long <u>      </u>		
	Immediate <u>Asphyxia</u>				How long <u>      </u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>W. M. B. Brown, M.D.</u>		
					Address <u>Beltsboro</u> <u>MD</u>		
Accident or Suicide? <u>      </u>							



Name  
in  
Full

Mrs Charles Merridith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

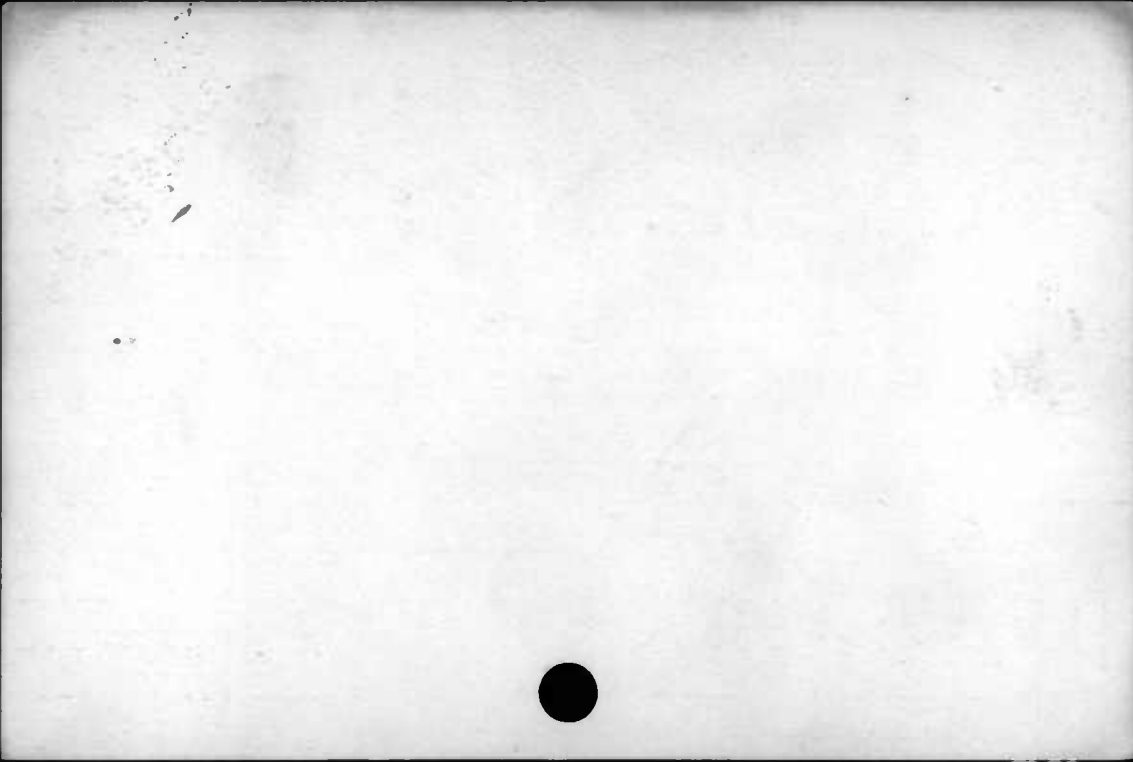
Died at		Town Salisbury		County Caroline		MARYLAND	
Date of death 190		2	Month July	3	Day	Age	Years 23
						Months 10	Days 20
Sex		Female		Color or Race		White	
				Birth- place		Caroline Co.	
Married, Single or Widowed		Married		Occupation		House work	
Name of <del>Wife or</del> Husband		Charles Merridith.					
Father's Name		Noah J. Black.				Father's Birthplace	
						I. A. Co.,	
Mother's Maiden Name		Richard Black				Mother's Birthplace	
						Caroline Co.	
Name of person giving Information		Chas. Merridith				How related to deceased	
						Nephew.	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Permeicrmiting	How long	3 weeks
Immediate	Exhaustion.	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. W. B. Combs	
Address		Salisbury, Md.	
Accident or Suicide?			



Name  
In  
Full

Ludwig Dleyer

## CERTIFICATE OF DEATH

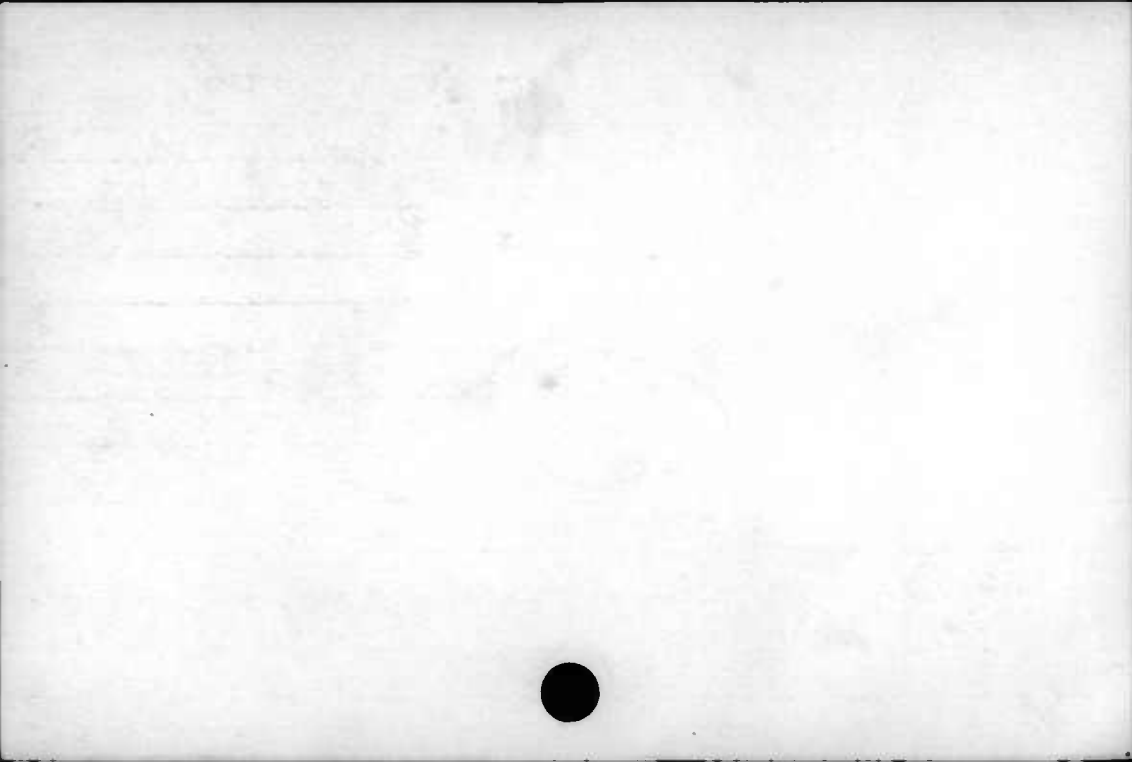
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Ridgely		County Caroline		MARYLAND	
Date of death 1908		Month July	Day 11	Years Age 57		Months 8	Days 20
Sex Male		Color or Race German		Birth- place Germany			
Married, Single or Widowed		Married		Occupation Farmer			
Name of Wife or Husband		Leua Dleyer					
Father's Name		Fred <sup>r</sup> Dleyer 199				Father's Birthplace Germany	
Mother's Maiden Name		—				Mother's Birthplace —	
Name of person giving In formation						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intercostal Neuralgia	How long	4 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		D. J. Stone M.D.	
		Address Ridgely Md	
Accident or Suicide?		—	



Name  
in  
Full

Sister Mary Anna Miller,

## CERTIFICATE OF DEATH

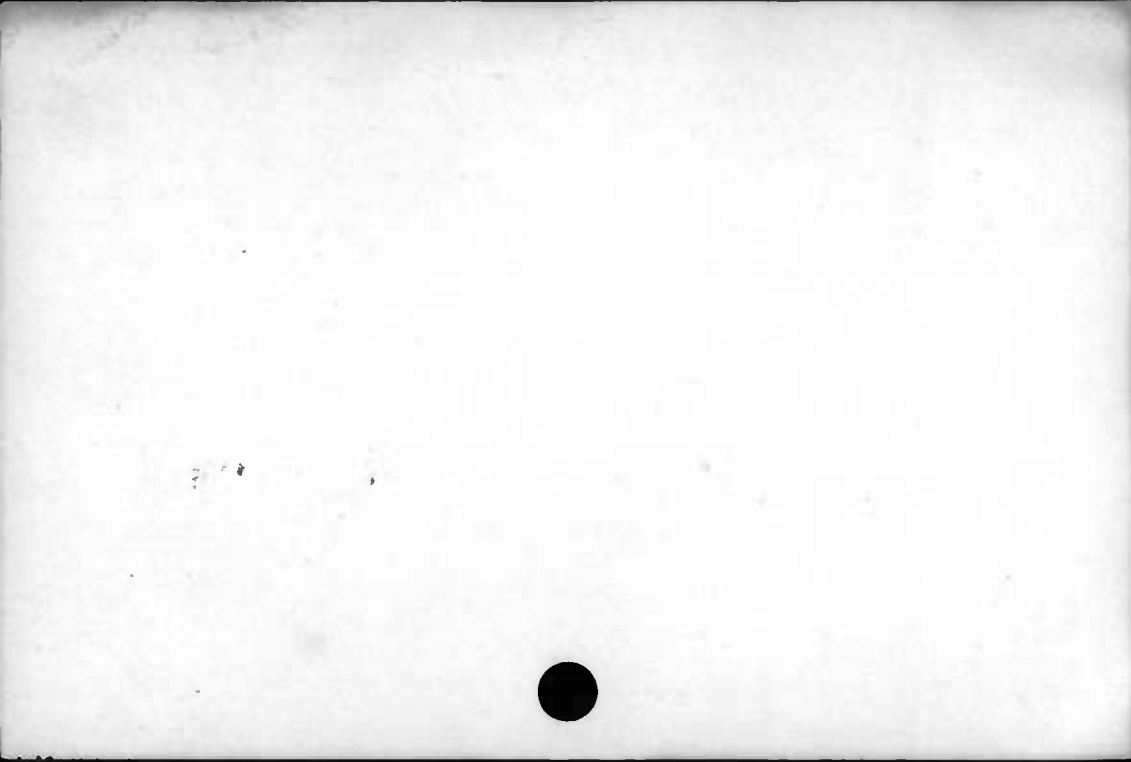
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>The Plains</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death 1902	<i>July</i> <sup>Month</sup>	<i>13</i> <sup>Day</sup>	<i>42</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>	<i>8</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>German</i>		Birth-place <i>Germany</i>		
Married, <del>Single</del> <i>Single</i>	Occupation <i>Religious</i>				
Name of Wife or Husband					
Father's Name <i>Andrew Miller</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Regina</i> <i>27</i>			Mother's Birthplace <i>Do</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>10 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. S. Stone</i>
	Address <i>Ridgely Md</i>
Accident or Suicide? <i>-</i>	





Name  
in  
Full

William Daniel Robinson

## CERTIFICATE OF DEATH

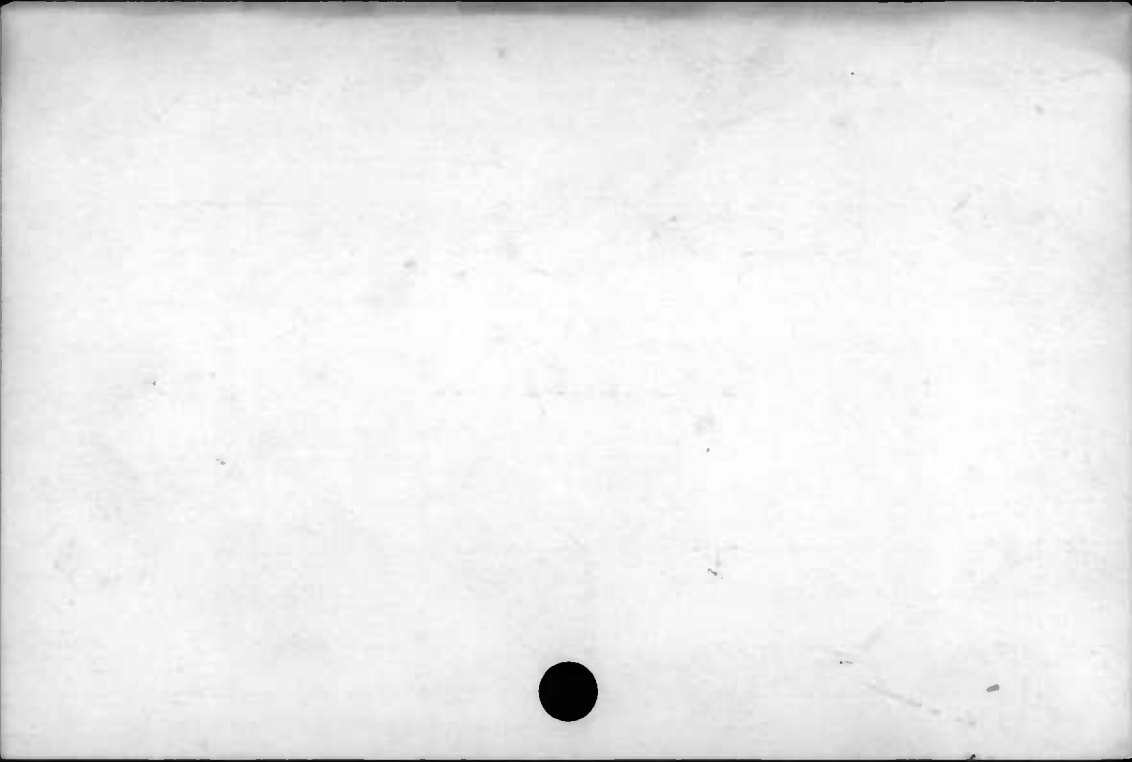
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fowling Creek</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death 1907	Month <i>July</i>	Day <i>18</i>	Age <i>5</i>	Years <i>8</i>	Months <i>5</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>md.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Bayard Robinson</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Olie Payne</i>			Mother's Birthplace <i>md.</i>		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>18 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John D. Hadway</i>
	Address <i>Fowling Creek</i> <i>md.</i>
Accident or Suicide?	



Name in Full		Archie A. Satterfield				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Ridgely		County	
		Date of death 1902		Month July		Day 13	
		Age		Years 7		Months	
		Sex		Male		Color or Race	
		Birth-place		Md -		Occupation	
		Name of Wife or Husband		—		4	
Father's Name		John Satterfield -		Father's Birthplace		Md	
Mother's Maiden Name		Anna C. Bitchett.		Mother's Birthplace		Md	
Name of person giving information				How related to deceased			

### CAUSES OF DEATH

PHYSICIAN OR CORONER		Primary		Pericardial		How long	
		Immediate		Capillary Bronchitis		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		D. J. Stowers, M.D.	
		Accident or Suicide?		Address		Ridgely Md.	

Jenfton

Name  
in  
Full

## CERTIFICATE OF DEATH

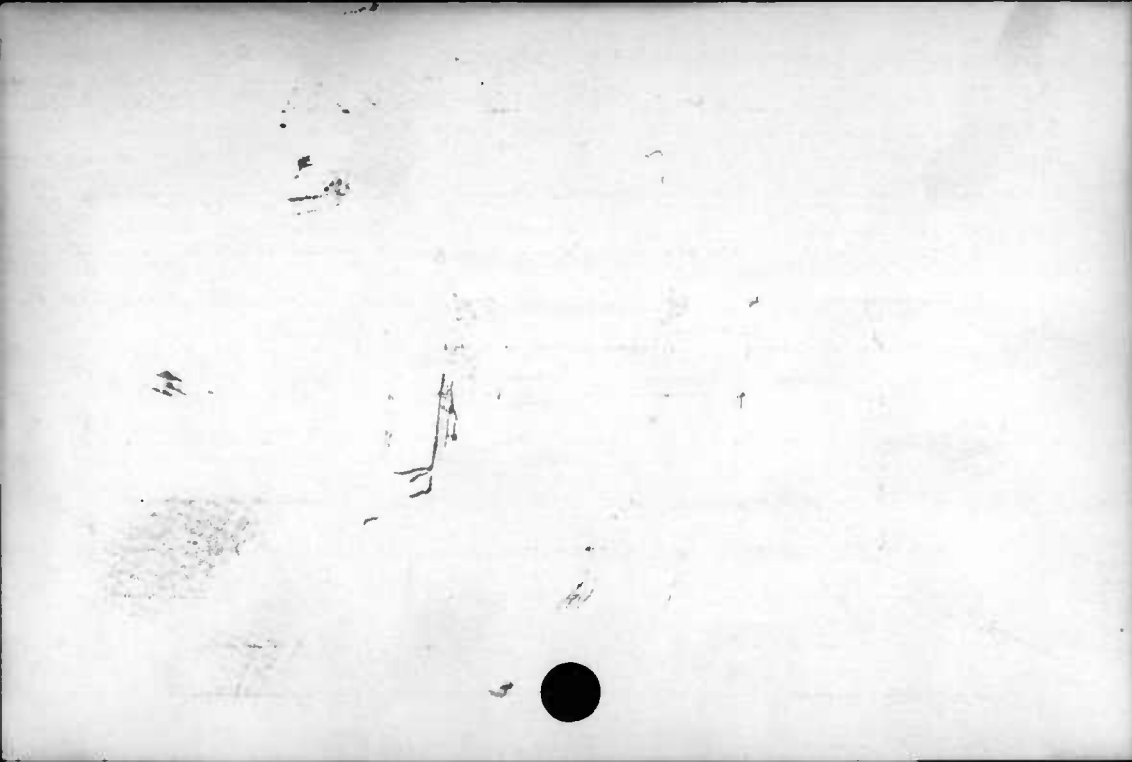
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton Md</i> Town <i>Md</i> County <i>Caroline</i>		MARYLAND			
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>01</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Denton</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>James Shurf</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Rutters</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Strongy relation</i>	How long <i>5 min</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Halylo M.D.</i>
	Address <i>Denton Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Emma Thomas

Town

County

Died at

Ridgely

Caroline

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7

7

Age

5-7-12

Md

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widow~~

Number of children living

~~Husband~~  
of~~Wife~~

Father's

Name

Mother's

Maiden Name

Wm Thomas

Mary Innes

Cause of

Primary

Whooping Cough

How long sick

One week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Walter H Ford

Address

Ridgely Md

J. D Davis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Heilbronn

July 9



Name in Full

Certificate of Death

John Robert Thomas  
 Died at Denton Town Caroline County MARYLAND

Date 1902 Month 7 Day 30 Age 70 Y. - M. - D. - Native of Ind Occupation Laborer  
 Male White Married Widow Divorced -  
 Female - Colored - Single - Widower - Number of children living 5

Husband of Elnora Thomas  
 Wife -  
 Father's Name John Robert Thomas Mother's Maiden Name Annie Thomas

Cause of Death { Primary General Debility How long sick 6 months  
 Immediate 15 Accident, Suicide, Homicide -

Reported by D. P. Marshall M D  
 Address Denton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel Thomas

Died at <sup>Town</sup> Thomaestown <sup>County</sup> Caroline

MARYLAND

Date 1902 <sup>Month</sup> 7 <sup>Day</sup> 24 <sup>Y.</sup> <sup>M.</sup> 1 <sup>D.</sup> 24 <sup>Native of</sup> <sup>Occupation</sup>

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Sing~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband  
of  
Wife

Father's Name <sup>Mother's</sup> Wm Thomas Maiden Name

Cause of Death { Primary Immediate } Cholera Infantum How long sick 6 weeks  
Accident, Suicide, Homicide

Reported by Robley Hackett, M.D.  
Address Queen Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wheatland</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>12</i>	Age	Years <i>1</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>Clara Frier</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>James Frier</i>			How related to deceased <i>Grandfather</i>		

## CAUSES OF DEATH

Primary	<i>Not known</i>	How long	<i>18</i> <i>One month</i>
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. L. Foster</i>	
<i>yes</i>		Address <i>Boston Md.</i>	
Accident or Suicide? <i>—</i>			

PHYSICIAN  
OR CORONER

